

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 - 0 1 0

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 (\$7,928,204)b. FFY 2003 (\$31,712,816)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to  
Attachment 4.19-B, pages 1-39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 4.19-B, pgs 1-3

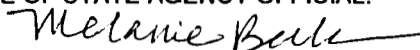
10. SUBJECT OF AMENDMENT:

Medicare cross-over claim payment methodology

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Melanie Bella

14. TITLE:

Assistant Secretary, OMPP

15. DATE SUBMITTED:

6/3/02

16. RETURN TO:

Melanie Bella  
Assistant Secretary  
Office of Medicaid Policy and Planning  
402 West Washington, Room W382  
Indianapolis, IN 46204  
ATTN: Tracy Brunner, Plan Coordinator**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

6/3/02

18. DATE APPROVED:

6/28/02

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

**RECEIVED**

JUN 03 2002

DMCH/ARA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Indiana

METHODS AND STANDARD FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State Plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP."

For specific Medicare services that are not otherwise covered by this State Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item 1 of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item 1 of this attachment, for those groups and payments listed below and designated with the letter "NR."
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1 of this attachment (see 3. above).

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TN No. 02-010  
Supersedes  
TN No. 01-020

Approval Date JUN 25 2002

Effective Date July 1, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Indiana

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
Other Medicaid Recipients	Part A	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
Dual Eligible (QMB Plus)	Part A	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B	<u>NR</u>	Deductibles	<u>NR</u>	Coinsurance

TN No. 02-010  
Supersedes  
TN No. 01-020

Approval Date JUN 28 2002

Effective Date July 1, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Indiana

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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1. Cross-over claims filed by Medicaid providers are reimbursed as set out in this section.

If the Medicaid payment amount for a claim exceeds or equals the Medicaid allowable amount for that claim, Medicaid reimbursement will be zero.

If the Medicaid allowable amount for a claim exceeds the Medicare payment amount for that claim, Medicaid reimbursement is the lesser of:

- (a) the difference between the Medicaid allowable amount minus the Medicare payment amount; or
- (b) the Medicare coinsurance and deductible, if any, for the claim.

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TN No. 02-010  
Supersedes  
TN No. 01-020

Approval Date JUN 28 2002

Effective Date July 1, 2002